Care Quality Commission

Priory Healthcare Limited

Priory Wellbeing Centre - Bristol

Inspection report

190 Aztec West
Almondsbury
Bristol
BS32 4TP
Tel:
www.priorygroup.com

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location | Good | ●

Are services safe?	**Good**	●
Are services effective?	**Good**	●
Are services caring?	**Good**	●
Are services responsive to people's needs?	**Good**	●
Are services well-led?	**Good**	●

Summary of findings

Overall summary

Priory Wellbeing Centre Bristol provides safe outpatient services designed to give patients help and support with mental health difficulties.

We rated Priory Wellbeing Centre Bristol as good.

- The environment was clean and well maintained. Staff routinely carried out environmental assessments. Staff had access to panic alarms in every room.
- The service had enough staff to safely meet patients' needs. Staff managed referrals well to ensure that patients were seen promptly. Staff had appropriate skills, knowledge and experience to provide the right care and treatment.
- Staff developed holistic, recovery-focused care plans informed by a comprehensive mental health assessment in a timely manner following receipt of referrals. They provided a range of psychological therapies, including cognitive behavioural therapy (CBT); eye movement desensitisation and reprocessing therapy; mindfulness and integrative therapy and compassion focused therapy (CFT) that were informed by best-practice guidance. Staff used a range of evidence-based assessment tools and outcomes measures, for example, the Generalised Anxiety Disorder scale 7 (GAD7) and Patient Health Questionnaire for depression (PHQ -9) to support their practice. Patients received therapies tailored to their individual needs.
- Staff assessed and managed risk well. The service had clearly defined and embedded processes in place to keep people safe. Staff had training on how to recognise and report abuse. The service had clear and robust policies in place for safeguarding adults and children.
- Staff treated patients with compassion and kindness and respected their privacy and dignity. Patients were fully involved in choices regarding their care and treatment. Patients told us they felt supported and the service offered a flexible approach to accessing treatment.
- Staff worked well together as a multi-disciplinary team and with relevant services outside the organisation to provide good handovers of care and treatment for patients. Staff told us that they felt supported in their role. The service manager and clinical lead were both visible and accessible. Managers ensured that staff received regular supervision and annual appraisals.
- The service was well-led and the governance processes ensured that the procedures relating to the work of the service ran smoothly and effectively.

However:

- The electronic care record system was not fully compatible with community mental health services. The system was designed for hospital inpatient services. Staff were concerned that they were unable to record information that accurately reflected community-based risks and extract learning relevant to the wellbeing centre.
- Staff did not routinely assess or record capacity for patients who might have impaired mental capacity. Some of the staff were unable to identify the principles associated with the Mental Capacity Act 2005. This meant that if the mental capacity of a patient was to deteriorate staff may not be able to respond appropriately in applying the Mental Capacity Act 2005.

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Community-based mental health services for adults of working age	Good	🟢	We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Priory Wellbeing Centre - Bristol

Priory Wellbeing Centre Bristol is part of Priory Healthcare Limited. The service provides therapy and psychiatric treatment for a wide range of mental health conditions for adults of working age from a location just outside of Bristol city centre. The service offers a range of outpatient services designed to give patients help and support with mental health difficulties, including anxiety, depression, stress, obsessive compulsive disorder, bereavement, post-traumatic stress disorder and addiction. Patients either self-fund their treatment or are funded by their insurance company. The service has close links to the Priory Hospital Bristol, offering more intensive or specialist support if required.

The service registered with the Care Quality Commission in February 2020 and this was the first time the service was inspected.

The service is registered to provide the regulated activity: treatment of disease disorder and injury.

The service had an interim manager and were actively recruiting to the registered manager post.

What people who use the service say

Patients were highly complementary about the service they had received and the professionalism of the staff. Patients told us that their mental health had improved as a direct result of the care and treatment provided through the service. They told us that they had received prompt and personalised care and described their individual therapists as "amazing".

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Undertook a tour of the premises
- Spoke with two patients using the service
- Spoke with the interim manager for the service
- Spoke with the Operations and Therapy Service Director for the Priory Group wellbeing centres
- Spoke with the clinical lead for the service
- Spoke with five other staff members; including a consultant psychiatrist, integrative therapists and administration staff

Summary of this inspection

- Looked at 14 care and treatment records of patients and
- Reviewed a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

Action a provider SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that all staff understand how to apply the Mental Capacity Act 2005 in practice.
- The service should consider the compatibility of the hospital inpatient electronic care record system with community mental health services to ensure staff are able to record information accurately.
- The service should consider how it can ensure that patients privacy is maintained in consulting rooms as conversations could easily be heard when outside of the rooms.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based mental health services for adults of working age

Good 🟢

Safe	**Good**	🟢
Effective	**Good**	🟢
Caring	**Good**	🟢
Responsive	**Good**	🟢
Well-led	**Good**	🟢

Are Community-based mental health services for adults of working age safe?

Good 🟢

We rated safe as good.

Safe and clean environment

All premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Staff carried out environmental risk assessments every three weeks. Staff completed ligature risk assessments for each room and reviewed these annually. Staff acted to resolve and mitigate any issues arising from audits. The communal areas of the building, including toilet facilities, were maintained by the landlord. Staff had agreed with the landlord for all bathroom cleaning products to be stored in a locked cupboard not accessible to patients.

The service had emergency plans explaining what actions staff should take in the event of power supply failure, COVID-19 outbreak or extreme weather. Staff had access to emergency equipment, including a first aid kit that was stored in the kitchen area. There was a medical emergency and first aid policy specific to the wellbeing centre in place.

All interview rooms had alarms and staff were available to respond when activated. The alarm system was linked to reception and indicated which room had activated the alarm.

Staff had the option to wear pendant alarms.

All areas were clean, well maintained, well-furnished and fit for purpose. The centre had a comfortable waiting area with a receptionist to greet the patients. Complimentary refreshments were available in the reception. Patients were seen in one of the eight interview rooms which were accessed via a key-fob controlled door. The staff kitchen was accessed by a key-fob. The furniture and fittings were of a high standard and appropriate to the patient group.

Staff made sure cleaning records were up-to-date and the premises were clean. The provider employed a sub-contractor to clean the premises daily. They kept records of what was cleaned. An external contractor employed by the landlord had the responsibility of cleaning and maintaining the communal areas of the building, this included the entrance hall and toilet facilities. Staff monitored this through regular environmental checks.

Community-based mental health services for adults of working age

Good ●

Staff followed infection control guidelines, including handwashing. The service had enough hand washing facilities and hand sanitiser gel was available. The service completed hand hygiene and infection control audits twice a year.

Staff made sure equipment was well maintained, clean and in working order. Staff completed electrical tests on portable appliances, and these were up to date. Staff regularly checked the fire alarm and emergency lighting system. All fire extinguishers had been maintained and safety checked.

Safe staffing

The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.

The service had enough staff with the right skills to provide a safe service. The service had an interim manager in post who was based at the centre. The service was actively recruiting to the permanent registered manager position.

The staff team was made up of a combination of substantive, sessional and agency staff. The substantive staff comprised of a clinical lead therapist, two further therapists and one full time administrative staff member. There were seven sessional staff in post.

The sessional staff comprised of six therapists and one consultant psychiatrist. There were seven agency therapists who worked solely with corporate insurance clients and one part time agency administrative staff member.

The number of patients on the caseload of the team, and of individual members of staff, were manageable. All staff worked flexibly within the service to meet patients' needs and ensured each patient received the time they needed.

The service reported very low levels of sickness and had a low turnover of two substantive staff members in the last twelve months. Arrangements were in place to ensure patient safety in the event of staff sickness and absence. The interim manager and clinical lead reallocated individual patients or arranged support from staff who were able to meet the patients' specific needs. Holiday cover was planned in advance between the therapist and the patient.

The service could get support from a psychiatrist quickly when they needed to. The service was able to provide either face to face or remote appointments with the sessional consultant psychiatrist within one week.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Ninety-two per cent of staff had completed mandatory training. Substantive and sessional staff employed by the service accessed mandatory training via Priory training academy.

The mandatory training programme was comprehensive and met the needs of patients and staff. The training program included infection control, safeguarding vulnerable adults and children, data protection and confidentiality. Staff were alerted when they needed to update their training via the Priory training academy.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in a patient's health. Staff followed good personal safety protocols.

Community-based mental health services for adults of working age

Good ●

Assessment of patient risk

Staff completed risk assessments for each patient using a recognised tool, and reviewed this regularly, including after any incident. All patients had a completed risk assessment on commencement of their treatment and reviewed after their sixth session and after any incident, as per the organisational policy.

We reviewed 14 records relating to the care and treatment of patients. In all 14 cases a comprehensive mental health risk assessment had been completed using the Generalised Anxiety Questionnaire (GAD-7) and the Patient Health Questionnaire for depression (PHQ-9). In all 14 cases this had been regularly reviewed and documented.

Staff could recognise when to develop and use crisis plans. On registering with the service all patients received a crisis card with emergency out of hours contact numbers and self-help numbers. Staff encouraged patients to use this information when required. Staff developed personalised patient safety plans.

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health. Staff had good knowledge of patient risk. Team case discussions took place when needed, and the service had an escalation process to effectively manage patients' risk. Staff were able to identify if a patients' risk was too high to be managed by the service and referred or signposted them to more suitable services. We saw examples that showed staff worked with other healthcare practitioners involved with the patient's care to ensure their safety and wellbeing.

The service had personal safety protocols and a lone working policy.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. The service had a designated safeguarding lead. Staff kept up-to-date with their safeguarding training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. We saw an example of this documented in the safeguarding log maintained by the service. Staff were able to differentiate between clinical risk and safeguarding concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Drop-in safeguarding clinics to discuss appropriate pathways for referrals were available to permanent staff.

Staff access to essential information

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Patient notes were comprehensive and staff could access them easily. Records were stored securely. However, staff told us that patients' care records could only be accessed by the therapist working with that patient. Some staff were concerned that this could impact on effective risk-sharing. The IT system was described by some staff as "cumbersome" and reported the need for an improved reporting system to collect data for auditing purposes.

Community-based mental health services for adults of working age

Good ●

Medicines management

The service used systems and processes to safely prescribe and record medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe medicines safely. The consultant psychiatrist liaised with the patient's GP for any prescribing recommendations. The patient's GP held the responsibility for conducting baseline health checks and prescribing. In a few cases the consultant psychiatrist commenced prescribing for patients, which was then taken over by the patient's GP. Copies of patients' prescriptions were sent to the service and stored in the patient care records. The service did not dispense medicines.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff discussed the range of psychological interventions available through the service. The service adhered to National Institute for Health and Care Excellence (NICE) guidance.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Physical health monitoring and side effects from prescribed medicines formed part of the review process in therapy sessions. Concerns were raised to the clinical lead who referred on to the patients' GP.

Track record on safety

The service had a good track record on safety. There had been one serious incident since the service registered with the CQC. The service carried out an internal investigation and all appropriate steps were taken.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Incidents were recorded on an electronic tool. Agency staff raised incidents to the interim service manager who then logged them on the electronic incident reporting system.

Staff understood the duty of candour.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Incidents were reviewed by the interim service manager and responded to in line with Priory policy.

Staff received feedback from investigation of incidents. Lessons learned were shared through the Priory intranet safety bulletin.

Staff met to discuss the feedback and look at improvements to patient care. Staff told us that incidents and the learning from them were discussed at the service peer support supervision and in weekly multidisciplinary meetings.

Are Community-based mental health services for adults of working age effective?

Community-based mental health services for adults of working age

Good 🟢

Good 🟢

We rated effective as good.

Assessment of needs and planning of care

Staff assessed the mental health needs of all patients. They worked with patients to develop individual care plans and updated them as needed. **Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.**

Staff completed a comprehensive mental health assessment of each patient. Staff completed initial assessments with all patients following receipt of referrals to the service. All care records we reviewed contained a patient history, a detailed assessment of current need, a thorough risk assessment, a crisis plan and clearly documented evidence of patient involvement.

Staff signposted patients to their GP for full physical health assessments. Staff knew about any physical health problems. Patients' physical health was managed by their individual GPs. Staff routinely liaised with patients' GPs and wrote to them following consultant appointments.

Care plans were personalised, holistic and recovery-orientated. All 14 care records we reviewed had up-to-date care plans that addressed individual areas of need. The plans clearly recorded the patients' views, goals, expectations and desired outcomes. Patients told us that they were very much involved in discussions about their care and treatment, patients described the care planning experience as 'objective as well as subjective'.

Staff regularly reviewed and updated care plans when patients' needs changed. Staff reviewed patients' care plans and risk assessment every six sessions.

Staff recorded patients' consent to treatment in their care records. All 14 records we reviewed contained signed consent forms.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Staff provided a range of care and treatment suitable for the patients in the service. Therapies available included cognitive behavioural therapy, integrative therapy, counselling and eye movement desensitization and reprocessing therapy.

Staff delivered care in line with best practice and national guidance. All therapists were registered either with the British Association for Counselling and Psychotherapy (BACP) or the British Association for Behavioural and Cognitive Psychotherapies (BABCP), and psychologists with the Health and Care Professions Council (HCPC) and adhered to professional guidance.

Staff signposted patients for support with their physical health needs, either from their GP or community services.

Community-based mental health services for adults of working age

Good ●

Staff supported patients to live healthier lives by supporting them to take part in programmes or giving advice. An example of promoting this included a patient who had re-commenced fitness classes and started a healthy eating plan after setting this as a goal in therapy sessions.

Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes. Staff used a range of tools such as the Patient Health Questionnaire (PHQ-9) and the Generalised Anxiety Disorder scale (GAD-7) to assess and record outcomes. The Impact Event Scale – Revised (IES-R) was used to measure post-traumatic stress disorder (PTSD).

Staff used technology to support patients. The service offered flexible virtual appointments to patients who preferred this option or to patients who lived too far from the centre to attend face to face appointments.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of each patient. The staff team was made up of a sessional consultant psychiatrist and a range of therapists.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including sessional and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. Substantive staff and sessional staff received a comprehensive induction via Priory Training Academy. Agency staff received a full computer-based presentation induction. Induction covered Priory's working practices and policies as well as local procedures for the wellbeing centre.

Managers supported staff to develop through yearly, constructive appraisals of their work. Yearly personal development reviews (PDRs) were held for all employed staff.

Managers supported staff through regular, constructive clinical supervision of their work. Staff received line management supervision every three months. Clinical supervision was held monthly for all permanent staff with an external supervisor. Sessional staff, including the consultant psychiatrist, and agency staff were required to arrange their own supervision in order to practice at the wellbeing centre.

Peer group support was offered monthly for all staff, including sessional and agency staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were given opportunities to develop their career pathway via Priory training academy. Priory Group funded staff training courses and professional development if relevant to the role. The service was in the process of creating a cognitive behavioural therapy course with several universities to develop their own therapists.

Community-based mental health services for adults of working age

Good ●

Multidisciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular weekly multidisciplinary meetings (MDTs) to discuss patients and improve their care. Topics covered included training, learning from incidents and sharing good practice. All staff were invited to attend. Staff worked together to ensure patients had timely access to therapists whose skills best suited their individual need. Staff who were unable to attend could access the minutes of the meetings.

Staff made sure they shared clear information about patients and any changes in their care, including during transfer of care and discharge from the service.

Staff had effective working relationships with other teams in the organisation. The service had close links with The Priory Hospital Bristol. This meant that the service benefitted from access to a range of staff who could provide support with queries across sites if required.

Staff had effective working relationships with external teams and organisations. Staff signposted patients to local or national services if required. For example, staff routinely provided information to patients on local charities and organisations who provided mental health support.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

The service did not treat patients subject to the Mental Health Act, this formed part of the service exclusion criteria.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005.
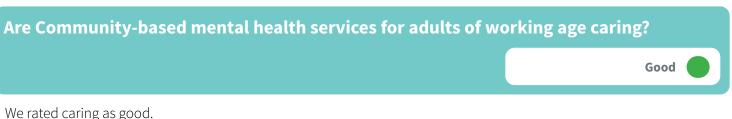
The service provided treatment to people deemed to have the capacity to consent at the point of referral and acceptance to the service was based upon this.

There was a clear policy on the Mental Capacity Act, which staff knew how to access.

Staff received and kept up-to-date with training in the Mental Capacity Act. However not all staff we spoke to were able to demonstrate a good understanding of the Mental Capacity Act.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw that staff were recording patients' capacity to consent in their care records.

Community-based mental health services for adults of working age

Good 🟢

Are Community-based mental health services for adults of working age caring?

Good 🟢

We rated caring as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were polite, respectful, and responsive when caring for patients. Patients told us that they found that all staff were friendly and helpful. Patients said that they had excellent relationships with their therapist.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition. Staff offered patients information about their condition and where they could find further information if required. One of the patients told us that they had been given a folder containing self-help information, the patient described this as being a 'life-saver' during times of crisis.

Staff directed patients to other services and supported them to access those services if they needed help. One of the patients we spoke to had received support from their therapist in accessing help for one of their children, the patient described their therapist as 'going above and beyond'.

Staff understood and respected the individual needs of each patient. Patients told us they received personalised care that focused on their wellbeing and that they felt truly valued as individuals.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff. Staff were aware of the providers' whistleblowing policy and the equality, diversity and inclusion policy.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff involved patients and gave them access to their care plans. All patients we spoke with said they were actively involved at looking at treatment and therapy options with staff and that they were involved in continuously in reviewing and setting goals. All care plans we reviewed were person-centred and showed patient involvement. Patients received copies of their assessments.

Staff made sure patients understood their care and treatment. Patients said they were involved in detailed discussions about their diagnosis, the options for treatment, including risks and benefits of the proposed treatment. Patient care records reflected this.

Community-based mental health services for adults of working age

Good 🟢

Patients could give feedback on the service and their treatment and staff supported them to do this. The service routinely sought feedback from patients. Patients could provide feedback in three different ways, via an electronic tablet located in the reception area, through an electronic survey and by completing a patient satisfaction survey at the end of their treatment. The information was collated monthly by the manager and used to improve the service.

Staff made sure patients could access advocacy services. Patients were provided with information in their registration pack that described the role of advocacy services and gave contact details.

Involvement of families and carers

Staff supported, informed and involved families or carers. Staff obtained patient consent prior to involving family members and carers. Staff were able to signpost carers to other support services.

Staff gave carers information on how to find the carer's assessment.

Are Community-based mental health services for adults of working age responsive?

Good 🟢

We rated responsive as good.

Access and waiting times

The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required care promptly and patients did not wait too long to start treatment. Staff followed up patients who missed appointments.

The service had clear criteria to describe which patients they would offer services to and offered patients a place on waiting lists. All referrals were screened against the service exclusion criteria via the corporate team and customer call centre. The service operated short waiting lists. Patients were provided with an initial appointment within one week from the point of being accepted by the service. Staff kept in touch with patients on the waiting list. Patients reported that the service was very responsive to their needs.

Staff tried to contact people who did not attend appointments and offer support. The service had a non-attendance at appointment policy and procedure in place. Staff made multiple attempts to contact patients by phone before proceeding to letter or email. The service had a risk-based procedure that involved contacting primary care services, including the patients GP if needed.

Patients had some flexibility and choice in the appointment times available. The service provided face to face appointments at the centre on weekdays between 8am and 5pm. Remote appointments were available evenings and weekends. The service had recently invested in building their own booking system with a digital provider.

The service rarely cancelled appointments and when they had to they gave patients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed patients when they did not.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.

Community-based mental health services for adults of working age

Good ●

The service was located on the ground floor of a shared building with access via an intercom system. The service had eight consulting rooms, a communal reception area with complimentary refreshments and a large meeting room. All areas were clean and bright and furnished to a very high standard. Patients had privacy when having their appointments and the main corridor outside of the interview rooms was only accessible to staff. However, the consulting rooms did not have adequate sound proofing, conversations could be heard clearly when stood outside of the rooms. This was raised to the attention of the interim manager.

Patients we spoke to commented that the atmosphere was calm and comfortable.

Meeting the needs of all people who use the service
The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The premises was located on the ground floor and able to support people with disabilities.

The service provided information in a variety of accessible formats so the patients could understand more easily. The service had access to information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could access interpreters or signers when needed. The interim manager had the authority to purchase services for people with communication needs, for example, interpreters and translators. However, the provider would try to source a therapist within the organisation who could speak the same language as the patient first.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

Listening to and learning from concerns and complaints
The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to raise concerns and complaints was contained in the patient registration pack.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke to understood the service complaints process. Staff responded promptly to acknowledge patient concerns, offer an apology and outline the investigation process.

Managers investigated complaints and identified themes. The service had received three informal complaints in the last twelve months. Two of these involved invoicing concerns for treatment received by the patients, in both cases the complaint was upheld. One patient requested a change of therapist and this was facilitated. The patients all received feedback from the manager.

Staff protected patients who raised concerns or complaints from discrimination and harassment. The service had a clear equality, diversity and inclusion policy.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Community-based mental health services for adults of working age

Good ●

The service used compliments to learn, celebrate success and improve the quality of care.

Are Community-based mental health services for adults of working age well-led?

Good ●

We rated well-led as good.

Leadership
Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Vision and strategy
Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Culture
Staff felt respected, supported and valued. They could raise any concerns without fear. All staff spoke highly of the interim centre manager and clinical lead and described them as being very approachable, supportive and accessible. **The organisation promoted equality and diversity in daily work and provided opportunities for development and career progression.**

Governance
Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. Information moved freely between senior leaders, quality meetings and staff groups. Managers and compliance staff had access to governance data which was stored electronically.

The service had a policy that set out its response to major incidents.

Audits were completed and acted upon.

However key performance indicators (KPIs) for the service were not in place for this year. Strategic goals for the service could not be measured. The service had a plan in place to address this upon appointment of the permanent registered manager.

Management of risk, issues and performance
Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The manager maintained a risk register and items on the register matched concerns raised by staff. The key issues on the risk register included a concern regards the externally located bathroom, this had been addressed, IT systems not supporting the needs of the wellbeing centre and reduced staffing levels. Steps were in place to resolve both of these concerns.

Community-based mental health services for adults of working age

Good 🟢

Information management

Staff collected and analysed data about outcomes and performance. The manager had access to a dashboard for the service that gave information on service performance in areas such as staff training and clinical activity. However, some staff described the current IT system as cumbersome and reported the need for an improved reporting system to collect data for auditing purposes.

Engagement

Managers engaged with other local and broader healthcare providers to ensure patients did not have a gap in their treatment. Managers worked closely with other healthcare services and organisations to ensure that there was an integrated system that met the needs of the adults in the service. There were local protocols for joint working between agencies involved in the care of the patient, such as shared care arrangements with GPs.

Learning, continuous improvement and innovation

The service was committed to improving care for patients who accessed mental health services. Staff told us that senior managers had made improvements to the running of the service. For example, the improvement programme taking place within the service to address IT issues had resulted in changes to the datix system. Specific drop-down options that more accurately reflected community-based wellbeing centres were added. The integrated care notes now communicate with the referral system and in turn the billing system. The clinical note templates were relaunched ensuring staff considered risk and safeguarding with every entry.